

# Foster Family Home - Corrective Action Report

Provider ID: 3-594623

Home Name: Venancio Blanco, CNA

Review ID: 3-594623-10

95-1187 Kukui Road

Reviewer: Lori O'Keefe

Na'aiehu

HI 96772

Begin Date: 5/18/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection conducted for this 3 bed home. The home was issued a corrective action report (CAR) via email on 5/19/2020 with a written corrective action plan (CAP) due back to CTA by 6/19/2020.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2 - CG#4 has an expired APS/CAN check. This was due by 7/11/19. No current result on file.

CG#5 the last APS/CAN on file is dated 5/12/15. There is no result for 2017 or 2019.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.h - CG#2 and #3 do not have a Substitute caregiver change form on file.

## Foster Family Home Records [11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.c. 5 and 6 - Client #1 - Daily observation sheets, ADL, MAR were last documented on 4/24/2020. The MAR has a medication that client can have [redacted] tabs with an entry for the number of tabs given. This has not been entered so unable to determine quantity given.

Client #2 - ADL flowsheet last documented on 3/31/2020, MAR was 5/7/2020.

Client #3 - ADL and MAR were last documented on 4/23/2020.

*Lori O'Keefe, RN*

Compliance Manager

*Venancio Blanco*

Primary Care Giver

5/19/2020

Date

*9/10/20*

Date

CTA RN Compliance Manager: ANGEL ENGLAND Lori O'Keefe/Terri Van Houten

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: VENANCIO BLANCO

(PLEASE PRINT)

CCFFH Address: 95-1187 Kukui Rd, NAALEHU HI 96712

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.9.2	APS/CAN check was obtained for CG #4 and CG #5. It was placed into home record.	5/30/20	Home will use a wall calendar to put all due dates on. Background checks will be done at least a month before due date to prevent future lapses.
41.4	Substitute Caregiver change form for CG #2 and #3 was done signed by PCG and both SCG's. It was placed into home record.	9/9/20	In the future I will ensure that prior to providing services all substitute caregiver change form is done and put into home record.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Venancio Blanco

Date: 9/10/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: ANGEL ENGLAND

Lori O'Keefe/Terri Van Houten

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: YENANCIO BLANCO

(PLEASE PRINT)

CCFFH Address: 95-1187 Kukui Rd, NAAHEHU HI 96772

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54C.5 and 6	Signed medication record ADL form and daily missing dates as well as daily observation to client #1, #2 and #3 In the MAR, number of Tablets given to client is entered.	5/20/20 9/9/20	I will sign the MAR immediately after medication has been given to client as well as ADL has been performed. I will not miss any charting. From now I will enter to the MAR no. of Tablets given to client so able to determine the quantity given.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Yenancio Blanco

Date: 9/14/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: ANGEL ENGLAND

Lori O'Keefe/Terri Van Houten

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Venancio Blanco

(PLEASE PRINT)

CCFFH Address: 95-1187 Kukui Rd, Naalehu, HI 96772

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.C.5 and 6	Client #3 was discharged to Adult Foster Home in Kea'au on June 3-2020 with his record per RN Case Manager [REDACTED]. Can not provide document.		I will sign the MAR immediately after medication has been given to client as well as ADL has been performed. I will not miss any charting.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Venancio Blanco

Date: 09-11-2020

☒ CTA has reviewed all corrected items